

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS

PHYSICIANS ASSISTANT
APPLICATION: DB-02-04
ISSUE DATE: February 2, 2004
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **March 2, 2004**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22B
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22B"

A. NOTICE. This position is set aside for individual Physician Assistants. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. PHYSICIAN ASSISTANT. The Government is seeking to place under contract, an individual who is certified as a physician assistant by the National Commission on Certification of Physician Assistants. This individual must also (1) meet all the requirements contained herein; (2) be eligible for clinical privileges and (3), competitively win this contract award (See Sections D. and E.).

Services shall be provided in support of the Naval Hospital, Jacksonville, FL. Services shall be provided in the Naval Air Station (NAS) Jacksonville Occupational Medicine Clinic or Branch Medical Clinic (BMC) Mayport.

You shall be on duty at the Naval Air Station (NAS) Jacksonville or Branch Medical Clinic (BMC) Mayport for 40 hours per week. You shall normally provide services for an 8.5 hour period (to include an uncompensated .5 hours for lunch) between the hours of 0700 and 1630 Monday through Friday. Specific hours and location where services will be provided shall be scheduled 2 weeks in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. It is anticipated that you shall provide 6 days of service per month at BMC Mayport. You shall arrive for each scheduled shift in a well-rested condition.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence for the number of hours you would have been scheduled to work. Should you be required to work a federal holiday, you will receive another day off as scheduled by the Commanding Officer. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Jacksonville, FL, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES.** You shall perform a full range of Physician Assistant duties, within the scope of clinical privileges granted by the Commanding Officer, on site using government furnished supplies, facilities and equipment. Your actual clinical performance will be a function of the overall demand for Physician Assistant services. Services shall be provided in support of the Occupational Health and Preventive Medicine Department of the Naval Hospital, Jacksonville, FL.

1. Administrative and Training Requirements

1.1. You shall provide training and/or direction as applicable to supporting government employees (i.e. hospital corpsmen, RNs, LVNs, students) assigned to you during the performance of clinical procedures. You shall perform limited administrative duties that include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

1.2. You shall participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. You shall participate in the provision of inservice training to staff members of the clinic and administrative staff on subjects germane to medical care and attend annual renewal of the following Annual Training Requirements provided by MTF: family advocacy, disaster training, infection control, Sexual Harassment and Bloodborne Pathogens.

1.4. **FAMILY ADVOCACY.** You shall participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.5. You are required to maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. You are required to maintain Advanced Cardiac Life Support (ACLS) certification. These certifications will be provided by the Navy.

1.6. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.7. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. Clinical Functions:

- 2.1. Assessment:
 - 2.1.1. Obtain patient health and developmental history.
 - 2.1.2. Perform and record a health appraisal including physical assessment and evaluation.
 - 2.1.3. Differentiate between normal findings and those that require consultation and/or referral.
 - 2.1.4. Diagnose patients with common acute conditions, illnesses or minor trauma within legally accepted protocols, Nurse Practice Acts, or in accordance with NAVMEDCOMINST 6550.4.
 - 2.1.5. Request X-Rays and laboratory tests as deemed necessary.
- 2.2. Plan:
 - 2.2.1. Formulate a health care plan for clinic patients emphasizing self-care responsibility through the participation of the patient, family, physician and other health care professionals.
- 2.3. Intervention:
 - 2.3.1. Treat patients with common acute conditions, illnesses or minor trauma within accepted protocols, Nurse Practice Acts, and/or in collaboration with a physician.
 - 2.3.2. Collaborate with the physician in the health care of patients with chronic illnesses.
 - 2.3.3. Identify resources and coordinate referrals for patients and families requiring further evaluation and services.
 - 2.3.4. Assist in staff education.
- 2.4. Evaluation:
 - 2.4.1. Analyze the results of the health care plan.
 - 2.4.2. Modify the health care plan as needed.
 - 2.4.3. Implement and participate in follow-up.
- 2.5. Equipment and material management:
 - 2.5.1. Provide for an optimum physical environment for patients and staff, emphasizing good safety practices and cleanliness.
 - 2.5.2. Support preventive maintenance and report equipment failures and inadequacies.
 - 2.5.3. Promote economical utilization of equipment, supplies and be cost conscious when ordering lab and radiological studies.
 - 2.5.4. Know the location and operation of emergency equipment.
 - 2.5.5. Adhere to hospital safety guidelines and department standard operating procedures (SOP)
- 2.6. Administrative Services. Attend the following:
 - 2.6.1. Boards and Committee
 - 2.6.2. Continuing Education
 - 2.6.3. Quality Assurance Functions

2.7. Additional Administrative Services:

2.7.1. Maintain patient records in accordance with DOH/PM requirements.

2.7.2. Collect and record all examination data in proper format for review, approval and/or recommendation by the physician.

2.7.3. Become thoroughly familiar with and apply procedures documented in the BMC's standard Operating Procedures (SOP).

2.8. Additional Information.

2.8.1. You shall provide or perform the following: diagnosis and treatment for occupational illnesses; drug and alcohol dependency evaluations; emergency care for work-related injuries incurred by personnel during working hours; diagnosis and treatment of emergency non-occupational illnesses occurring to employees during working hours.

2.8.2. You shall conduct preplacement and periodic medical surveillance examinations (e.g. asbestos, ionizing and non-ionizing radiation, mercury, lead, carcinogens, isocyanates, beryllium, propellant fuels, crane, fork lift and motor vehicle operators, etc.).

2.8.3. You shall promote positive health through preventative medicine techniques such as selective placement of new employees in jobs consistent with their physical capacities (i.e., determination of fitness for duty), evaluate recuperating workers' current capacities and recommend modification of the work situation accordingly, and review disability cases periodically to determine progress.

2.8.4. You shall conduct individual health education and work for the elimination and control of specific occupational disease hazards that exist within the command. You shall become familiar with the potential work exposure of government employees, potential associated diseases and injuries, and the role these diseases and/or injuries play in aggravating non-occupational diseases.

2.8.5. You shall assist in promoting a healthy work environment, through a cooperative effort with other healthcare providers and safety experts to keep workers fit, absenteeism low, and productivity high. This shall include interpretation of clinical laboratory data and X-rays required in diagnosis and treatment. Additionally, you shall attend Base and Hospital committee meetings as requested and actively participate in clinical staff quality assurance functions as required by the Commanding Officer.

2.9. Sickcall services. You shall provide outpatient diagnostic evaluations and treatment of occupationally-related conditions to all eligible civilian employees. Examine patients returning from extended sick leave or as required by cognizant supervisors to determine their fitness to return to duty. You shall perform the initial evaluation at the time of illness/injury occurrence as follows:

2.9.1. Stabilize life/limb (if warranted)

2.9.2. Determine the level of care likely to be required for the definitive management of the occupational illness/injury.

2.9.3. Inquire into the circumstances surrounding the reported occupational illness/injury to determine whether it is potentially compensable, and to initially formulate ideas about preventing subsequent events of a similar nature (these ideas and any recommendations shall be reviewed by the cognizant Safety Office as part of their Mishap Investigation).

2.9.4. Inform the ill/injured party of his/her right (under FECA-DOD) to receive definitive care from either his/her private physician or from the physician care worker. For those patients who choose to receive care of their illness/injury from their private physician, the patient will ensure the appropriate documentation is provided to the responsible Safety Office.

2.9.5. Additionally, you shall make appropriate evaluations to assist approving officials in granting or documenting sick leave to include examination of employees to determine their fitness for continued employment in their positions with or without physical handicap restriction. The industrial activities serviced have many stringent physical requirements for various individual positions and all types of industrial hazards.

2.10. Evaluation and Treatment. Provide complete, definitive evaluation and care to include, but not limited to, the following occupational illnesses/injuries:

2.10.1. Uncomplicated ocular injuries consisting of foreign bodies in the cornea and conjunctivae, corneal abrasions, flash burns, non-alkali chemical exposure.

2.10.2. Soft tissue injuries consisting of extremity strains and sprains, contusions, abrasions and puncture wounds, lacerations which may be treated by single layer closure (except facial), skin burns--1st, 2nd and 3rd degree (is less than 25 cm² and not facial, hand or genital).

2.10.3. Back injury without neurologic symptoms for at least 3 weeks (patients symptomatic at the end of 3 weeks of care by the physician care worker may be referred through the MTF).

2.10.4. Irritant and allergic contact dermatitis.

2.10.5. Pulmonary illnesses consisting of irritant inhalation industrial bronchitis, and occupational asthma and metal fume fever.

3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

3.2. The regulations and standards of professional practice of the treatment facility, and

3.3. The bylaws of the treatment facility's professional staff.

4. ORIENTATION/TRAINING

4.1. You shall attend the NHJAX orientation briefing during the first three months of commencing services. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

5. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a Personal and Professional Information Sheet (PPIS) and other supporting documentation required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (H) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

5.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a degree from a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant or the Committee on Allied Health Education and

Accreditation (CAHEA) and the National Commission on Certification of Physician Assistants.

2. Possess certification as a physician assistant by the National Commission on Certification of Physician Assistants.

3. Possess a current, unrestricted physician assistant licensure/certification/registration (as applicable by state) in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

4. Possess experience as a Physician Assistant in a primary care or occupational medicine setting of at least 12 months within the preceding 24 months.

5. Provide letters of recommendation from two practicing physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 2 years.

6. Be eligible for U.S. employment. (Please provide copies of supporting documentation)

7. Represent an acceptable malpractice risk to the Navy.

8. Submit a fair and reasonable price as determined by the Navy prior to contract award.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein, then,

2. The letters of recommendation, Item D.5., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,

3. Additional Medical certifications or licensure, then,

4. Prior medical experience in a military medical facility. (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed* " Personal Qualifications Sheet – Physician Assistant" (Attachment I).
2. _____ A completed Pricing Sheet (Attachment II).
3. _____ Proof of employment eligibility (Attachment III).
4. _____ Two or more letters of recommendation per paragraph D.5., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)
6. _____ Small Business Representation (Attachment V)

*Please answer every question on the " Personal Qualifications Sheet – Physician Assistant " Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Services/Individual Set Asides.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual,

or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment II, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to (301) 619-2062.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - PHYSICIAN ASSISTANT

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item X. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)

(mm/dd/yy)

Personal Qualifications Sheet - Physician Assistant

I. General Information

Name: _____ SSN: _____
Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Physician Assistant Degree from: _____
(Name of CAHEA and NCCPA accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure/Certification/Registration (Must be current and valid):

_____(mm/dd/yy) _____
State Date of Expiration Number

IV. Professional Certification:

NCCPA: _____ (mm/dd/yy)
Date of Expiration

V. Continuing Education:

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Professional Employment: List your current and preceding employers. Experience must total at least 12 months within the preceding 24 months. Provide dates as month/year.

Name and Address of Present Employer From To
(1) _____

Work Performed: _____

VI. (con't) Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?
_____ When does the contract expire? _____

VII. Additional Medical Certification, Degrees or Licensure: This should include PALS, ALS, Master's Degree, etc:

Type of Certification, Degree or License and Date of Certification or Expiration

VIII. Employment Eligibility (Provide copies of supporting documentation):

Yes No

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

IX. Professional References:

Provide letters of recommendation from two practicing physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 2 years.

X. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XI. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET - PHYSICIANS ASSISTANTS

PERIOD OF PERFORMANCE

Services are required from 3 May 2004 through 30 September 2004. Five option periods will be included that will extend services through 2 May 2009. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Physician Assistants in the Jacksonville, FL area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Physician Assistant at the Naval Hospital Jacksonville, FL and Branch Medical Clinic Mayport, FL in accordance with this Application and the resulting contract.				
0001AA	Base Period; 3 May 04 thru 30 Sep 04	872	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 2 May 09	1216	Hrs	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 022B
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Personal E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

0 Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: _____

Offeror's Signature: _____

Date: _____

(NOTE: If none of the above are applicable, please print and sign your name and date the document anyway.)